

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **38 / 113**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee
Sara Amundson

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
1627 A Street, NE

Amount

5.74

City
WashingtonState
DCZip Code
20002Purpose of Expenditure
Staff TimeCategory/
Type

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 23

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Lois CappsDisbursement For:
2008☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
Sara Amundson

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
1627 A Street, NE

Amount

5.74

City
WashingtonState
DCZip Code
20002Purpose of Expenditure
Staff TimeCategory/
Type

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 24

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Elton GalleglyDisbursement For:
2008☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee
Sara Amundson

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
1627 A Street, NE

Amount

5.74

City
WashingtonState
DCZip Code
20002Purpose of Expenditure
Staff TimeCategory/
Type

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 27

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Brad ShermanDisbursement For:
2008☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

.00

(a) **SUBTOTAL** of Itemized Independent Expenditures

17.22

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)